

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 128

Primary Registration District No. 5466

State File No.

Registrar's No. 870

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town SPRINGFIELD Campbell Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R.F.D. # 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANDREW JACKSON TATE

3. (b) If veteran, name war NONE 3. (c) Social Security No. Unk.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARY J. TATE 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased July 9 1883  
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Jane Haute Ind  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Construction Work

MOTHER FATHER { 12. Name Wm E. Tate  
13. Birthplace Unk. Ill  
(City, town, or county) (State or foreign country)  
14. Maiden name Mahala A. West  
15. Birthplace Unk. Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary J. Tate

(b) Address SPRINGFIELD MO.

17. (a) Burial (b) Date thereof 10-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address SPRINGFIELD MO.

19. (a) 10-22-43 (b) S. W. E. Handlin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE 39  
(c) City or town SPRINGFIELD Rural S. Campbell Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 3 (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21  
year 1943 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 13 43  
to Sept 26 43  
that I last saw him alive on Sept 26 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death Uraemia Duration 3-7 mo

Due to Bilateral pyelonephrosis 1 year  
chronic

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. E. Handlin (M. D. or other)  
Address Holland Bl Springfield Mo. Date signed 10/27/43

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Ray A. Kaurin*

Licensed Embalmer No. *1763*

P. O. Address *Springfield Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**